

**FAMILY APPLICATION  
LETTER TO PARENTS  
FREE SUMMER MEALS**

Date: \_\_\_\_\_

Dear Parent or Guardian:

Our organization serves nutritious free meals as part of the federally funded Summer Food Service Program (SFSP) for children. Children are defined by the SFSP as being 18 years of age and under or persons over 18 who are determined by a state or local public educational agency to be mentally or physically disabled. In order to be eligible for these federal funds, we *must* document the number of enrolled children with household incomes less than or equal to the SFSP family size/income guidelines. With your cooperation, we can qualify for federal reimbursement and keep costs to you at a minimum. Please complete and return this form.

1. DO I NEED TO FILL OUR AN APPLICATION FOR EACH CHILD?

No. Use *one* SFSP Free Meals Family Application for *all* children in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: \_\_\_\_\_

(Name, Address, and Phone Number)

2. WHO CAN GET FREE MEALS?

Children in households getting Food Assistance Program (FAP), Family Independence Program (FIP), Food Distribution Program on Indian Reservations (FDPIR) and/or foster children can get free meals regardless of your income. Also, your children can get free meals if your household income is within the free limits on the Federal Income Guidelines.

3. I GET WIC. CAN MY CHILD(REN) GET FREE MEALS?

Children in households participating in WIC may be eligible for free meals. Please complete and submit an application.

4. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS *NOT* A U.S. CITIZEN?

Yes. You or your child(ren) do not have to be a U.S. Citizen to qualify for free meals.

5. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?

You *must* include all people living in your household, related or not (such as foster children, grandparents, other relative, or friends). You *must* also include yourself and all children who live with you.

6. WHAT IF MY INCOME IS NOT ALWAYS THE SAME?

List the amount that you normally get. For example, if you normally get \$1,000 each month, but you missed some work last month and only got \$900, put down that you get \$1,000 per month. If you normally get overtime, include it, but not if you get it only sometimes.

7. WE ARE IN THE MILITARY; DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?

If your housing is part of Military Privatization Initiative, do not include your housing allowance as income. All other allowances *must* be included in your gross income.

8. WHAT IF MY CHILD DOES *NOT* HAVE HEALTH INSURANCE?

Your children may qualify for low cost or free health insurance through MIChild and Healthy Kids Program. To apply on-line, go to: [www.michigan.gov/michild](http://www.michigan.gov/michild) or call 1-888-988-6300 for help or to request a paper application.

Sincerely,

*See reverse for Income Chart and Application Instructions.*

Total Family Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$21,257	\$1,772	\$886	\$818	\$409
2	\$28,694	\$2,392	\$1,196	\$1,104	\$552
3	\$36,131	\$3,011	\$1,506	\$1,390	\$695
4	\$43,568	\$3,631	\$1,816	\$1,676	\$838
5	\$51,005	\$4,251	\$2,126	\$1,962	\$981
6	\$58,442	\$4,871	\$2,436	\$2,248	\$1,124
7	\$65,879	\$5,490	\$2,745	\$2,534	\$1,267
8	\$73,316	\$6,110	\$3,055	\$2,820	\$1,410
*Each additional household member add:	\$7,437	\$620	\$310	\$287	\$144

**APPLICATION INSTRUCTIONS:**

Your children may qualify for free summer meals if your household income falls within the limits on this chart.

**IF YOUR ENTIRE HOUSEHOLD GETS FAP, FIP, OR FDP, FOLLOW THESE INSTRUCTIONS:**

- Part 1: Skip this part.
- Part 2: Circle YES and list the case number for the correct program.
- Part 3: List child(ren)'s name and Session Number/Name or Site Name.
- Part 4: Skip this part.
- Part 5: Sign and date the form. A Social Security Number is not necessary.
- Part 6: Answer this question.

If you are applying for a homeless, migrant, or runaway child, check the appropriate box and contact your Homeless Liaison or Migrant Coordinator. Fill out application by following instructions for ALL OTHER HOUSEHOLDS.

**IF YOU ARE APPLYING FOR ONLY FOSTER CHILD(REN), FOLLOW THESE INSTRUCTIONS:**

- Part 1: Skip this part.
- Part 2: Skip this part.
- Part 3: List the foster child(ren)'s name, circle Yes for foster child, and list Session Number/Name or Site Name.
- Part 4: Skip this part.
- Part 5: Sign and date the form. A Social Security Number is not necessary.
- Part 6: Answer this question.

**FOLLOW THESE INSTRUCTIONS FOR ALL OTHER HOUSEHOLDS:**

(Includes households with WIC, homeless, migrant, runaway, and households with both foster and non-foster children.)

- Part 1: Complete if applicable.
- Part 2: Skip this part.
- Part 3: Follow these instructions to report ALL household members:
  - Column 1 - Names: List the first and last name of each person living in your household, related or not (such as grandparents, other relatives, or friends). You *must* include yourself and all children living with you. Be sure to include all children. Attach another sheet of paper, if needed.
  - Column 2 - Circle Yes if Foster Child: Circle Yes if applicable.
  - Column 3 - Session Number/Name or Site Name: Fill in the Session Number/Name or Site Name each child in your household is attending.
- Part 4: GROSS INCOME: Use this section to report all income in your household from the previous month: For all household members (including parents, children, young children, grandparents, relatives, etc) that are not receiving any income, **CIRCLE THE \$0 INDICATING NO INCOME FOR THAT PERSON.**
  - Next to each person's first and last name, list each type of income received last month. *Next to the amount circle how often the person got it (weekly, every 2 weeks, twice a month, or monthly).*
    - *Earnings from Work:* List the gross income each person earned from work. This is not the same as take-home pay. *Gross income is the amount earned before taxes and other deductions.* Net income should ONLY be reported for self-owned business, farm, or rental income.
    - *Welfare, Child Support, and Alimony:* List the amount each person received last month.
    - *Pensions, Retirement, and Social Security:* List the amount each person received last month
    - *All Other Income:* All Other Income includes Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Department of Veterans Affairs (VA) benefits, disability benefits, regular contributions from people who do not live in your household, personal income from foster children, and *any other income.*
    - All persons must claim some income, or indicate that they receive no income. That is if the person, including any child listed in part 3, does not have any income, then \$0 *must* be circled in the column labeled "Circle if NO Income".
- Part 5: An adult household member *must* sign and date the form, and list the last four (4) digits of *Social Security Number*, or check the box "I do not have a Social Security Number."
- Part 6: Answer this question.